



# MEMBERSHIP APPLICATION

## ORGANIZATION – Contact Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Is your neighborhood located within the Richland County Limits?
<input type="checkbox"/>	<input type="checkbox"/>	Does your membership represent at least 10% of the households in your neighborhood?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have at least one public neighborhood meeting annually?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an elected body of officers?
<input type="checkbox"/>	<input type="checkbox"/>	Is your Association non-partisan in nature?
<input type="checkbox"/>	<input type="checkbox"/>	Does your Association have a constitution and/or bylaws?
<input type="checkbox"/>	<input type="checkbox"/>	Have you submitted your constitution and/or bylaws to RCNC?
<input type="checkbox"/>	<input type="checkbox"/>	Does your organization require membership dues?

When does your community/neighborhood organization meet: *(ex. First Mondays at 6 pm)*

\_\_\_\_\_

Where are meetings held: \_\_\_\_\_

How does your Association preserve and promote the integrity of your neighborhood?  
*(Check all that apply)*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Community Clean Up  | <input type="checkbox"/> Community Events      | <input type="checkbox"/> Crime Watch            |
| <input type="checkbox"/> National Night Out  | <input type="checkbox"/> Beautification        | <input type="checkbox"/> Newsletters            |
| <input type="checkbox"/> Afterschool Program | <input type="checkbox"/> Recreation Program(s) | <input type="checkbox"/> Neighborhood Directory |
| <input type="checkbox"/> Landscape Services  | Other: _____                                   |   |



**ORGANIZATION LEADERSHIP – Contact Information**

**President:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Vice President:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Secretary:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

IF your community has a Social Media page, please list website and/or group below:

\_\_\_\_\_

By signing below, I agree to provide a copy of our community/neighborhood Bylaws that may be publicly posted on the RCNC website. I further agree a \$25 annual membership fee is required and must be paid for membership enrollment and/or membership renewal.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please submit this application to: [membership@ourRCNC.com](mailto:membership@ourRCNC.com) OR you can mail to:

Richland County Neighborhood Council  
 ATTN: Neighborhood Improvement Program  
 2020 Hampton ST  
 Columbia SC 29202

OFFICIAL USE ONLY			
Membership Approval Date:		Secretary Initial:	
Dues Paid/ Date:		Treasurer Initial:	